APPLICATION DATA SHEET

Application	Information
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Application Type:

Regular

Subject Matter:

Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R:

No

Title:

TRANSMISSION SYSTEM AND METHOD

FOR MEASURING A DRIVE FORCE

THEREIN

Attorney Docket Number:

SPIN1

Request for Early Publication:

No

Request for Non-Publication:

No

Suggested Drawing Figure:

Total Drawing Sheets:

7

Small Entity:

Yes

Petition included:

No

Secrecy Order in Parent Appl.:

No

Applicant Information

Applicant Authority type:

Inventor

Primary Citizenship Country:

NL

Status:

Full Capacity

Given Name:

Gijsbertus Franciscus Cornelis

Middle Name:

Family Name:

Roovers

Name Suffix:

City of Residence:

BA Goirle

State or Province of Residence:

Country of Residence:

NL

Street of mailing address:

Bankven 35

City of mailing address:

BA Goirle

State or Province of mailing address:

Country of mailing address:

NL

Postal or Zip Code of mailing address:

NL-5052

Applicant Authority type:

Inventor

Primary Citizenship Country:

NL

Status:

Full Capacity

Given Name:

Bastiaan Andreas

Middle Name:

Family Name:

D'Herripon

Name Suffix:

City of Residence:

NN Goirle

State or Province of Residence:

Country of Residence:

NL

Street of mailing address:

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NN Goirle

State or Province of mailing address:

Country of mailing address:

NL

Postal or Zip Code of mailing address:

NL-5051

Correspondence Information

Correspondence Customer Number:

006980

Name:

Ryan A. Schneider

TROUTMAN SANDERS LLP

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600 Peachtree Street, N.E., Suite 5200

City of mailing address:

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State or Province of mailing address:

GA

Country of mailing address:

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30308-2216

Phone Number:

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Fax Number:

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E-Mail address:

ryan.schneider@troutmansanders.com

Representative Information

Representative Customer Number:

006980

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	National Stage of	PCT/NL2004/000425	06/14/04

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee Name:

Spinpower B.V.

Street of mailing address:

Alphenseweg 2D

City of mailing address:

NL Riel

State or Province of mailing address:

Country of mailing address:

NL

Postal or ZIP Code of mailing address:

NL-5133